E-filing

1	COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT: 42 U.S.C. 88 198		
2			
3	Name HELIRY KEVIN		
4	(Last) (First) (Initial)		
5	Prisoner Number		
6	Institutional Address P.O. BOX 67@ SAN BRUNO, CA. 94066		
7			
8			
9	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA		
10	KEVIN HENRY		
11	(Enter the full name of plaintiff in this action)		
12	vs. Case No. (To be provided by the clerk of court)		
13	SAN FRANCISCO POLICE DEPT. (To be provided by the clerk of court) COMPLAINT UNDER THE		
14	SAN FRANCISCO SHERIFFS) CIVIL RIGHTS ACT, 42 U.S.C §§ 1983		
15	CITY & COUNTY OF J.F., CALIF.		
16	(Enter the full name of the defendant(s) in this action))		
17	(Enter the full hame of the defendant(s) in uns action())		
18	[All questions on this complaint form must be answered in order for your action to proceed]		
19	I. Exhaustion of Administrative Remedies		
20	[Note: You must exhaust your administrative remedies before your claim can go		
21	forward. The court will dismiss any unexhausted claims.]		
22	A. Place of present confinement C. J. #5@ SAN BRUNO JAIL B. Is there a grievance procedure in this institution?		
23			
24	YES (V) NO ()		
25	C. Did you present the facts in your complaint for review through the grievance		
26	procedure?		
27	YES(V) NO()		
28	D. If your answer is YES, list the appeal number and the date and result of the		
	COMPLAINT -1-		
	FALSE ARREST, FALSE IMPRISONMENT, UNLAWFUL DETAINMENT, LOSS OF WAGES, DAIN & SUFFERING		
ı	WAGE (DATAL & CHEEDING		
	TOUS TOUR TOUR DICE OF THE		

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1	aj	ppeal at each level of review. If you did not pursue a certain level of appeal,
2	e	xplain why.
3	1	. Informal appeal
4		
5		
6	fe	ormal level
7	_	
8	_	
9	3	S. Second formal level
10	_	
11	_	4 Third
12	f	formal level
13	_	
14	_	
15		is the last level to which you appealed the highest level of appeal available to
16	2	you? "ABSOLUTELY."
17	·	YES (NO ()
18	F. I	If you did not present your claim for review through the grievance procedure,
19	explain why	
20		
21		
22	II. Parties	
23	Α.	Write your name and your present address. Do the same for additional plaintiffs,
24		if any.
25	6661	2th Avenue Han Vramusio
26	Mulis	Coma 77/10
27		
28	B.	Write the full name of each defendant, his or her official position, and his or her
	COMPLAINT	-2-

Page 3 of 4 Case 4:07-cv-06260-CW Document 1 Filed 12/11/2007 place of employment. 1 2 3 4 5 Ш. 6 7 Statement of Claim State here as briefly as possible the facts of your case. Be sure to describe how each 8 defendant is involved and to include dates, when possible. Do not give any legal arguments or 9 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a 10 11 separate numbered paragraph. 12 13 14 15 16 17 18 19 20 21 22 23 24 Relief 25 IV. Your complaint cannot go forward unless you request specific relief. State briefly exactly 26 what you want the court to do for you. Make no legal arguments; cite no cases or statutes. 27 COMPENSATURY DAMAGES & DINITIVE 28 TO BE DETERMINED - 3 -COMPLAINT

Case 4:07-cv-06260-CW Document 1 Filed 12/11/2007 Page 4 of 4 I declare under penalty of perjury that the foregoing is true and correct. Signed this 6th day of Freember, 2007 (Plaintiff's signature) **COMPLAINT**